



312901



CWM CHEMICAL SERVICES, LLC

1550 Balmer Road
P.O. Box 200
Model City, NY 14107
(716) 754-8231
(716) 754-0211 Fax

USEPA REGION II
ATTN: ENVIRONMENTAL COMPLIANCE DEPT
NYD013771217
760 KENSINGTON DR
BUFFALO NY 14215-2620

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C., EPA ID: NYD049836679, has received waste material from USEPA REGION II on 07/24/06 as described on Hazardous Waste Manifest number NYG2777427 Sequence number 01.

Profile Number: VB4096
CWM Tracking ID: 8160724801
CWM Unit #: 1*0
Disposal Date: 07/27/06

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

RICHARD STURGES
DISTRICT MANAGER
Certificate # 294763
07/28/06

For questions please call
our Customer Service Dept.
at (800) 843-3604

NYG2777427

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS



HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

Please type or print. Do not staple

(Hazardous Waste Manifest 1/5/99)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NY D 0 1 3 7 7 1 2 1 7	Manifest Doc. No. 7 7 4 2 7	2. Page 1 of 1	Information within heavy bold line is not required by Federal Law.	
3. Generator's Name and Mailing Address US EPA Reg II-Sweet Kleen Site 2890 Woodbridge Ave., Bldg 209, Edison, NJ 08837				A. NYG2777427		
4. Generator's Telephone Number (716) 447-1782 Attn: Kevin Matheis				B. Generator's ID Site: Sec 15		
5. Transporter 1 (Company Name) Price Trucking Corporation		6. US EPA ID Number NY D 0 4 8 7 8 5 5 7 4		C. State Transporter's ID 23580-NY		
7. Transporter 2 (Company Name)		8. US EPA ID Number		D. Transporter's Telephone (716) 822-1414		
9. Designated Facility Name and Site Address CWM Chemical Services, LLC 1550 Balmer Road Model City, NY 14104		10. US EPA ID Number NY D 0 4 9 8 3 8 6 7 9		E. State Transporter's ID		
				F. Transporter's Telephone ()		
				G. State Facility ID		
				H. Facility Telephone () 716 754-8231		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers Number Type	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous Waste, Solid, N.O.S., 9, NA3077, III (Tetrachloroethene)				001 DT	EST 00023	T
b.						EPA STATE
c.						EPA STATE
d.						EPA STATE
J. Additional Descriptions for Materials listed Above				K. Handling Codes for Wastes Listed Above		
a. VB4098 ERG171				27/24 <input checked="" type="checkbox"/> <input type="checkbox"/>		
b. TETRACHLOROETHENE 27/24				b <input type="checkbox"/> d <input type="checkbox"/>		
15. Special Handling Instructions and Additional Information SR 81607248						
Site: 780 Kensington Dr., Buffalo, NY 14215						
Emergency Contact: Capitol Environmental services, Inc. 302 652-8999 Job# WLM-KSWA-						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Kevin M. Matheis		Signature Kevin M. Matheis		Mo. Day Year 07 24 06		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Vasily Ziskov		Signature Vasily Ziskov		Mo. Day Year 07 24 06
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Mo. Day Year
19. Discrepancy Indication Space actual Recd 67820P						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Ellen Carter		Signature Ellen Carter		Mo. Day Year 07 24 06		

COPY 1—Disposer State—Mailed by TSD Facility

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362